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|   |                        |                          |
|---|------------------------|--------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/817,030               |
|   | Filing Date            | April 2, 2004            |
|   | First Named Inventor   | Jozef J. Van Dun, et al. |
|   | Art Unit               | 1713                     |
|   | Examiner Name          | Nathan M. Nutter         |
| Total Number of Pages in This Submission  | Attorney Docket Number | 43225-44575CUSC          |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input checked="" type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Return Receipt Postcard<br>Amendment Transmittal (1 page)<br>Transmittal (1 page)<br>Certificate of First Class Mailing (1page) |
| <div>Remarks</div>   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |                 |
|--|--|-----------------|
| Firm Name                                  | BAKER & MCKENZIE LLP   |                 |
| Signature                                  | <i>Robert Abdon / by permission Valerie Ziedrich Reg No 39,676</i> |                 |
| Printed name                               | Robert L. Abdon, Ph.D.   |                 |
| Date                                       | 3/22/05  | Reg. No. 50,996 |



| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   |                                   | Docket No.<br>43225-44575CUSC |  |
|--|---|---|-----------------------------------|-------------------------------|--|
| Application No.<br>10/817,030  | Filing Date<br>April 2, 2004              | Examiner<br>Nathan M. Nutter            | Art Unit<br>1711                  |                               |  |
| Applicant(s): Jozef J. Van Dun et al.  |   |   |                                   |                               |  |
| <b>BIMODAL POLYETHYLENE PIPE COMPOSITION AND ARTICLES MADE</b><br>Invention: THEREFROM   |   |   |                                   |                               |  |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |                                   |                               |  |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |   |   |                                   |                               |  |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                               |  |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                          |  |
| Total Claims   | 26  | - 28 =                                  |                                   | x                             |  |
| Independent<br>Claims  | 2   | - 3 =                                   |                                   | x                             |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                               |  |
| Other fee (please specify):  |   |   |                                   |                               |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                               |  |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>  |   |   |                                   |                               |  |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |                               |  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |                               |  |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |                               |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                               |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-3420</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                               |  |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                               |  |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                               |  |
| <i>Robert L. Abdon / by permission</i><br><i>Valeri [Signature]</i> Reg. No. 39676<br>Robert L. Abdon, Ph.D.<br>Attorney Reg. No.: 50,996  |   |   |                                   | Dated: <u>3/22/05</u>         |  |
| BAKER & MCKENZIE LLP<br>Pennzoil Place, South Tower<br>711 Louisiana St., Suite 3400<br>Houston, Texas 77002-2746<br>(713) 427-5000  |   |   |                                   |                               |  |